

## Iowa Department of Public Health Vaccines for Children Program Vaccine Transferred Between VFC Providers

Facility Name:					VFC PIN:		
Telephone: (	)		Fax: (	_)	Email:		
child from receitand vaccine usareceiving appleach transfer of inventory adjusting be transfered.	ving a needed vac age patterns close roval from the \ f vaccine to the Ic tments not submi red to a clinic enr	ccination. Transfe ly so vaccine trans /FC Program by owa VFC Program a tted to the VFC Pro colled in the VFC Pro	rring VFC vaccine in the ster is an infrequer calling 1-800-83 at 1-800-831-6292	to another VFC on toccurrence. No state of the provide of the provide of the will be conside to transporting the considers.	e provider's VFC-eligible patients and traclinic should be the exception and provider accine transfers between VFC provider should keep a copy of the completed fred vaccine loss and may lead to restitute a vaccine can be found in the Storage a vider understands VFC provisions related	lers should monitor iders can occur or w. This form must be form in their office retion of VFC vaccine. In the modern than the modern of the m	vaccine inventory nly after pe faxed with ecords. Any VFC vaccine can te on the Iowa
Vaccine Transferred	Number of Doses Transferred	NDC	Lot #	Date Transferred	Reason VFC Vaccine Was Transferred (Circle one)	Clinic Name Receiving Transferred Vaccine	Clinic VFC PIN Receiving Transferred Vaccine
					Vaccine will expire before it can be used     VFC order delayed     Other (specify)		
					Vaccine will expire before it can be used     VFC order delayed     Other (specify)		
					Vaccine will expire before it can be used     VFC order delayed     Other (specify )		
					Vaccine will expire before it can be used     VFC order delayed     Other (specify)		
					Vaccine will expire before it can be used     VFC order delayed     Other (specify)		
					Vaccine will expire before it can be used     VFC order delayed     Other (specify)		
between provid all VFC doses tr	ers reported on the ansferred during	nis form has been the noted time per	accurately reported riod have been full	d and conducted y reported on th	d other applicable Federal and state law I in conformance with VFC provisions for iis form." provided three months of temperature le	such transfer and f	further certify that
Clinic Contact Name: Clinic Contact Signature:						Date:	
Approved by State VFC Program Representative:					Date:		